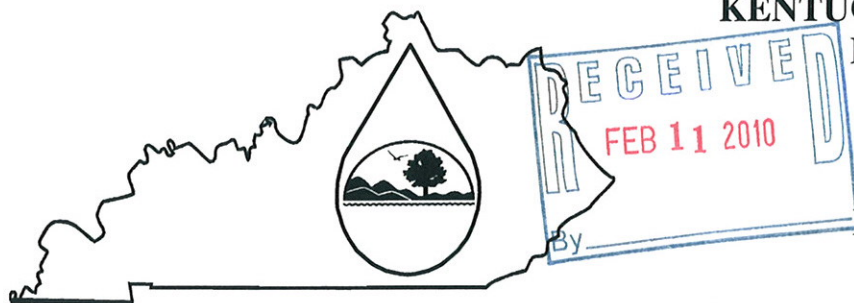


KPDES FORM 1

AI#43128

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

Surface Water Permits Branch (502) 564-3410

CK 100-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	1	0	5	2	3	6
A. Name of Business, Municipality, Company, Etc. Requesting Permit Muhammad Ali Center LLC									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Muhammad Ali Museum and Education Center					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Anthony Henderson				
Facility Location Address (i.e. street, road, etc., not P.O. Box): 144 N. Sixth St.					Mailing Address: 144 N. Sixth St.				
Facility Location City, State, Zip Code: Louisville KY 40202					Mailing City, State, Zip Code: Louisville KY 40202				
D. Owner's name (if not the same as in part A and C): Muhammad Ali Center Trustee Board					Facility Contact Telephone Number: 502-992-5333				
Owner's Mailing Address: Same					Owner's Telephone Number (if different): 502-584-9254				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: The Muhammad Ali Center preserves and shares the legacy and ideals of Muhammad Ali. We neither manufacture or process anything.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	8412 Museums and Art galleries		
Other SIC Codes:	8249 Apprenticeship training	8299 Miscellaneous instr.	

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Jefferson	City where facility is located (if applicable): Louisville
C. Body of water receiving discharge: Ohio River through storm drain	
D. Facility Site Latitude (degrees, minutes, seconds): 38 15' 28.03"	Facility Site Longitude (degrees, minutes, seconds): 85 45' 34.97"
E. Method used to obtain latitude & longitude (see instructions): Topographical map	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0105236

Issue Date of Current Permit:

2002

Expiration Date of Current Permit:

2009

Other DOW Operational Permit #:

Kentucky DMR Permit Number(s):

Sludge Disposal Permit Number:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Anthony Henderson
DMR Official Telephone Number:	502-992-5333

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Anthony Henderson
DMR Mailing Address:	144 N. 6 th Street
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40202

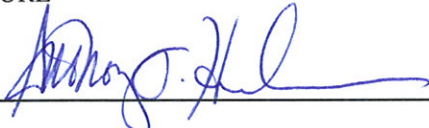
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

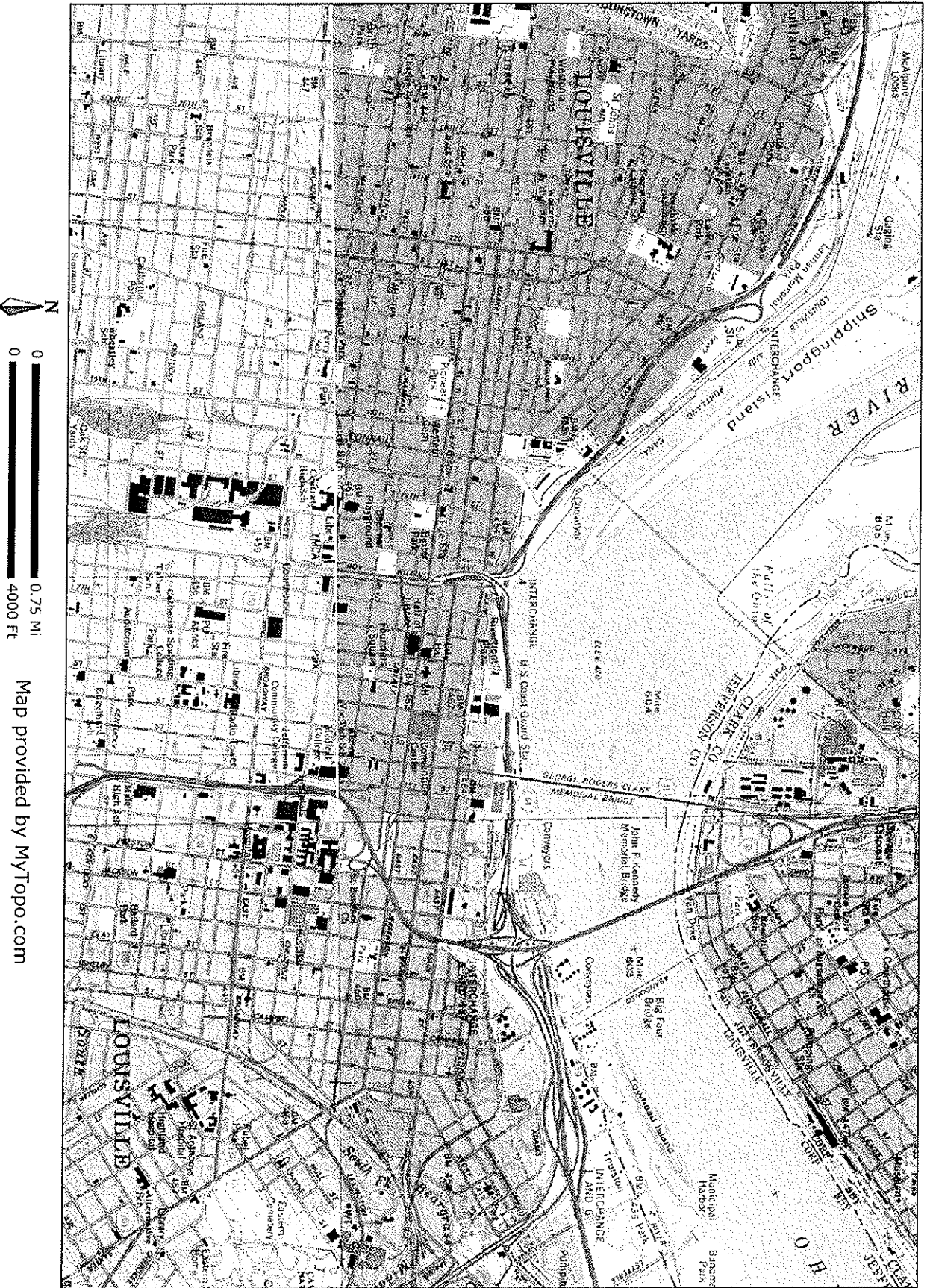
Facility Fee Category: 501 (c) (3)	Filing Fee Enclosed:
---	----------------------

VIII. CERTIFICATION

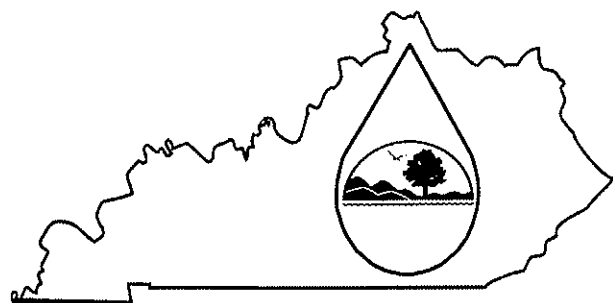
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Anthony Henderson	PHONE NUMBER: 502-992-5333 EMAIL: ahenderson@alicenter.org
SIGNATURE 	DATE: 02/11/2010

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**



KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: Surface Water Permits Branch, (502) 564-3410.

NAME OF FACILITY: Muhammad Ali Center Museum and Education Center											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	1	0	5	2	3	6
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				Seven							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): No treatment. Noncontact cooling use and discharge.											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				N/A MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
Storm Drain	38	15	28.03	85	45	34.97	Ohio River
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Topo Map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
33" Storm Sewer	Groundwater Heating/Cooling Discharge	413,000 gal/day	N/A	4-A
	Site Storm Drainage	20 C.F.S.	N/A	
			Groundwater extended from wells at 65 degrees F and discharged at 75 degrees F	

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☒ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	-----	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: N/A (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
N/A	N/A
TOTAL POPULATION SERVED	

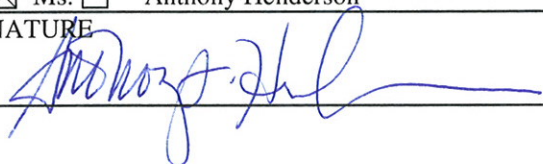
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	0		1
TOTAL SUSPENDED SOLIDS	20mg/L		1
FECAL COLIFORM <input type="checkbox"/> Or E.COLI <input type="checkbox"/>	0		1
TOTAL RESIDUAL CHLORINE	0		1
OIL AND GREASE	<4mg/L		1
CHEMICAL OXYGEN DEMAND	N/A		1
TOTAL ORGANIC CARBON	0		1
AMMONIA	0		1
DISCHARGE FLOW	.450MGD	.208	1
pH	7.1		1
TEMPERATURE (WINTER)	18		1
TEMPERATURE (SUMMER)	19.4		1

B. Frequency and duration of flow:	Daily /18 hrs
------------------------------------	---------------

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Anthony Henderson	502-992-5333
SIGNATURE 	DATE 02/10/2010